

# EXHIBIT C



## MANAGEMENT LIABILITY PACKAGE RENEWAL APPLICATION

Directors & Officers Liability, Employment Practices Liability, Fiduciary Liability, Crime & Cyber

**NOTICE:** THE COVERAGE PROVIDED UNDER THE **LIABILITY COVERAGE SECTIONS** IS LIMITED TO ONLY THOSE **CLAIMS** FIRST MADE DURING THE POLICY PERIOD, OR ANY APPLICABLE EXTENDED REPORTING PERIOD.

**NOTICE:** THE LIMIT OF LIABILITY TO PAY DAMAGES OR SETTLEMENTS WILL BE REDUCED AND MAY BE COMPLETELY EXHAUSTED BY **DEFENSE COSTS**, AND **DEFENSE COSTS** WILL BE APPLIED AGAINST THE RETENTION. THE INSURER WILL NOT BE LIABLE FOR DEFENSE COSTS OR OTHER LOSS IN EXCESS OF THE APPLICABLE LIMIT OF LIABILITY. PLEASE REVIEW THE POLICY CAREFULLY. THIS POLICY CONTAINS IMPORTANT EXCLUSIONS AND CONDITIONS.

**NOTICE [APPLICABLE TO THE LIABILITY COVERAGE SECTIONS]: THIS IS AN APPLICATION FOR CLAIMS-MADE AND REPORTED INSURANCE PROVIDED THROUGH HARCO NATIONAL INSURANCE COMPANY. IT IS IMPORTANT THAT THE APPLICANT REPORT ANY CURRENTLY KNOWN CLAIMS OR CIRCUMSTANCES THAT COULD RESULT IN A CLAIM TO THE APPLICANT'S CURRENT INSURER OR PURCHASE AN EXTENDED REPORTING PERIOD ENDORSEMENT TO COVER SUCH CLAIMS OR INCIDENTS. HARCO NATIONAL INSURANCE COMPANY WILL NOT PROVIDE COVERAGE FOR CLAIMS OR INCIDENTS WHICH THE APPLICANT IS AWARE OF PRIOR TO THE INCEPTION DATE OF ANY COVERAGE THAT IS OFFERED AND ACCEPTED.**

Requested Effective Date: From 7/15/24 To 7/15/25

12:01 a.m. Standard Time at the street address of the Applicant

### PART I: GENERAL APPLICANT INFORMATION

- Name of Applicant: Wayfarer Studios.
- Applicant principal information:  
Address: 417 S Beverly Dr.  
City, State, Zip: Beverly Hills CA 90212
- Is there any material change in financial condition within the last 12 months? Yes | No  
If yes, please complete information below:

FOR PROFIT			NOT FOR PROFIT		
Requested Information Year	Most Recent Annual Year End Results	Prior Year Annual Year End Results	Most Recent Annual Year End Results	Most Recent Annual Year End Results	Prior Year Annual Year End Results
Total Revenue			Total Assets		
Current Assets			LTD		
Total Assets			Fund Balance		
Current Liabilities			Revenue		
Long Term Debt			Net Income		
Total Liabilities			Change in Fund Balance		
Retained Earnings					
Shareholder Equity					
Net Income					
Cash Flow from Operations					

4. Are there any anticipated office/branch location closings?

5. In the past 12 months, or within the next 24 months, are you planning any mergers or acquisitions?

If yes, please explain:

6. Is there any claim, notice of potential claim or any situation that may give rise to a claim within the last 12 months?

| Yes

☒ No

If yes, please provide details:

7. With respect for a higher limits request for any applicable liability coverage, is the applicant aware of any fact, circumstance or situation that may give rise to a claim?

If yes, please explain:

**PART II: DIRECTORS & OFFICERS AND ENTITY LIABILITY INFORMATION**

**(Complete if only applying for this Coverage)**

1. During the past 12 months or in the next 12 months have there been any changes or anticipated changes:

- a. To the number of shareholders or any shareholder who owned more than 5% of any class?
- b. To ownership or Board of Directors/Sr. Management?
- c. Regarding securities filed with the Security Exchange Commission?

2. Have you changed auditors in the last 12 months?

If yes, explain.

3. Has there been any violation of any Debt Covenants in last 24 months?

4. Please provide the most recent audited financials if requesting limits of \$2,000,000 or greater (In addition to the information provided in **PART 1**, item 3.)

If "Yes" to any of the above questions, please attach details.

**PART III: EMPLOYMENT PRACTICES LIABILITY INFORMATION****(Complete only if applying for this Coverage)**

1. Has your employee count changed from prior year?

If yes, please provide current and previous year employee counts:

Type of Employee	Number of Employees	
	Current Year	Previous Year
Full Time Domestic Employees (Non-Union)		
Full Time Domestic Employees (Union)		
Part time Domestic Employees (include leased and seasonal)		
Foreign Employees (Full Time and Part Time)		
Independent Contractors		
Volunteers		

2. Number of locations: Domestic [REDACTED] Foreign: [REDACTED]
3. Please provide the number of Voluntary/Involuntary Terminations/Layoffs in the previous policy period:
- Number of layoffs: [REDACTED]
  - Number of voluntary terminations: [REDACTED]
  - Number of involuntary terminations: [REDACTED]
4. Do you anticipate any future Reduction in Force (RIF)? [REDACTED]
5. During the last 12 months have you made any changes to your Employee Handbook and/or Human Resources policies or procedures? [REDACTED]
6. Prior to terminations, do you consult with outside or inside counsel? [REDACTED]
7. Please provide the company's most recent audited financials if requesting Limits of \$3,000,000 or greater.

If "Yes" to any of the above questions, please attach details.

**PART IV: FIDUCIARY LIABILITY COVERAGE INFORMATION**

**(Complete only if applying for this Coverage)**

1. Have any Plans been out of compliance with ERISA notifications and requirements?
  2. Have any Plans been subjected to any investigation by the Department of Labor, Internal Revenue Service or any similar foreign agency?
  3. Are there any outstanding plan contributions/loans or debt obligations that are in default?
  4. Have any welfare and or benefit plans been amended in any way over the last 12 months?
  5. Are there any plans in the next 12 months to convert to an ESOP?  
If yes, please provide details, including valuation.
  6. Please provide the company's most recent audited financials if requesting Limits of \$3,000,000 or greater.
- If "Yes" to any of the above questions, please attach details.





**PART V: CRIME COVERAGE INFORMATION****(Complete only if applying for this Coverage)**

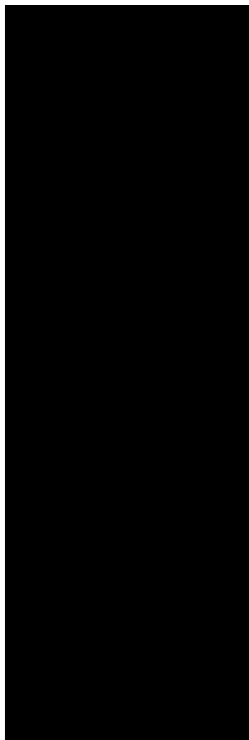
1. Please provide current and previous year employee counts:

Type of Employee	Number of Employees	
	Current Year	Previous Year
Full time Domestic Employees		
Part time Domestic Employees (include leased and seasonal)		
Domestic Employees located in California		
Foreign Employees (full Time and Part Time)		
Independent Contractors		
Temporary Employees		
Volunteers		

2. Number of locations: Domestic: \_\_\_\_\_ Foreign: \_\_\_\_\_
3. Total amount of specified property Inside the premises for all locations:  
 \_ \_ Cash \_\_\_\_\_ \_ \_ Credit Cards \_\_\_\_\_ \_ \_ Retail Checks \_\_\_\_\_
4. Total amount of specified property being transported by messenger Outside the premises:  
 \_ \_ Cash \_\_\_\_\_ \_ \_ Credit Cards \_\_\_\_\_ \_ \_ Retail Checks \_\_\_\_\_
5. Has the auditor found any weaknesses or growing concerns? \_ \_ Yes \_ \_ No
6. Is there a formal verification procedure in place to verify new clients and vendors prior to initial transaction? \_ \_ Yes \_ \_ No
7. Are requested changes to clients and vendors information confirmed via call-back to the original number provided by the client and/or vendor? \_ \_ Yes No
8. Have there been any Social Engineering losses in the last 3 years? \_ \_ Yes No  
 If "Yes", please provide the following: date of loss, total amount of loss & corrective measures post-loss.
9. Have there been any changes to your internal controls within the last 12 months? \_ \_ Yes \_ \_ No
10. Please provide the most recent audited financials if requesting Limits of \$3,000,000 or greater.
- If "Yes" to any of the above questions (5., 8., or 9.), please attach details.

**PART VI: CYBER COVERAGE INFORMATION**

**(Complete only if applying for this Coverage.)**

1. Is firewall up-to-date?
  2. Is anti-virus software up-to-date on all computers, networks and mobile devices?
  3. Do you require security patch updates to be implemented for all systems and devices?
  4. Is there a disaster recovery plan to respond to a computer system disruption?
  5. Is there a business continuity plan to respond to a computer system disruption?
  6. Are there backup and recovery procedures to protect customer data?
  7. Are there intellectual property controls for managing media communications and website content?
  8. Is there an incident response plan in place?
  9. Is the applicant Payment Card Industry (PCI) compliant?
  10. Is the applicant Health Insurance Portability and Accountability Act (HIPPA) compliant?
  11. Is encryption applied to private and sensitive data?
  12. Does the insured have multi-factor authentication for:
    - a. Administrative or privileged access?
    - b. Remote access to their network as well as any other systems &/or programs that contain private or sensitive data in bulk?
    - c. Remote access to email?
  13. Please provide the most recent audited financials if requesting Limits of \$1,000,000 or greater.
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**FRAUD WARNING STATEMENT**

**NOTICE TO APPLICANTS OF ALL STATES EXCEPT COLORADO, DISTRICT OF COLUMBIA, FLORIDA, KANSAS, KENTUCKY, LOUISIANA, MAINE, MINNESOTA, NEW JERSEY, NEW MEXICO, NEW YORK, OHIO, OKLAHOMA, OREGON, PENNSYLVANIA, TENNESSEE, VERMONT, VIRGINIA, WASHINGTON:** Any person who knowingly, and with the intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any material false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

**NOTICE TO COLORADO APPLICANTS:** IT IS UNLAWFUL TO KNOWINGLY PROVIDE FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO AN INSURANCE COMPANY FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE COMPANY. PENALTIES MAY INCLUDE IMPRISONMENT, FINES, DENIAL OF INSURANCE, AND CIVIL DAMAGES. ANY INSURANCE COMPANY OR AGENT OF AN INSURANCE COMPANY WHO KNOWINGLY PROVIDES FALSE, INCOMPLETE, OR MISLEADING FACTS OR INFORMATION TO A POLICYHOLDER OR CLAIMANT FOR THE PURPOSE OF DEFRAUDING OR ATTEMPTING TO DEFRAUD THE POLICYHOLDER OR CLAIMANT WITH REGARD TO A SETTLEMENT OR AWARD PAYABLE FROM INSURANCE PROCEEDS SHALL BE REPORTED TO THE COLORADO DIVISION OF INSURANCE WITHIN THE DEPARTMENT OF REGULATORY AGENCIES.

**NOTICE TO DISTRICT OF COLUMBIA APPLICANTS:** WARNING: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant.

**NOTICE TO FLORIDA APPLICANTS:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

**NOTICE TO KANSAS APPLICANTS:** any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy, or a claim for payment or other benefit pursuant to an insurance policy which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a crime and subjects the person to criminal and civil penalties and denial of insurance benefits.

**NOTICE TO KENTUCKY APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

**NOTICE TO LOUISIANA APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MAINE AND WASHINGTON APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

**NOTICE TO MARYLAND APPLICANTS:** Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

**NOTICE TO MINNESOTA APPLICANTS:** A person who files a claim with intent to defraud or helps commit a fraud against an insurer is guilty of a crime.

**NOTICE TO NEW JERSEY APPLICANTS:** Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

**NOTICE TO NEW MEXICO APPLICANTS:** Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.



**NOTICE TO OHIO APPLICANTS:** Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**NOTICE TO OKLAHOMA APPLICANTS:** Warning: Any person who knowingly, and with intent to injure, defraud or deceive any insurer or makes a claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

**NOTICE TO OREGON APPLICANTS:** Any person who knowingly and with intent to defraud or solicit another to defraud an insurer: (1) by submitting an application, or (2) by filing a claim containing a false statement as to any material fact, may be violating state law.

**NOTICE TO PENNSYLVANIA APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

**NOTICE TO TENNESSEE AND VIRGINIA APPLICANTS:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

**NOTICE TO VERMONT APPLICANTS:** Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

This application is in compliance with Section 626.752, Florida Statutes. A copy has been furnished to the applicant or insured and coverage is: [ ] Bound Effective (time) (date); [ ] Not Bound.

**BROKER'S SIGNATURE:**

Some states require that we have the Name and Address of your (Applicant's) Authorized Agent or Broker.

**Signature** of Authorized Agent or Broker: \_\_\_\_\_

**Name** of Authorized Agent Broker: \_\_\_\_\_

**Address:** \_\_\_\_\_

**License Identification Number:** [Florida Applicants Only] \_\_\_\_\_

By signing this Application, the undersigned, on behalf of the Applicant and all insureds proposed for coverage, represents and agrees to each of the following five (5) items:

1. The Applicant firm has made a comprehensive internal inquiry or investigation to determine whether any Applicant firm member is aware of any act, error, omission, personal injury, fact, circumstance, situation or incident which could be a basis for a claim or suit under the proposed insurance;
2. This Application, and any required additional supplemental applications submitted to and accepted by the Insurer shall constitute the Application;
3. Each of the statements and answers given in this Application, and in each of the supplemental applications are:
  - a. Accurate, true and complete to the best of the Applicant's knowledge;
  - b. No material facts have been suppressed or misstated;
  - c. Representations the Applicant firm is making on behalf of all persons and entities proposed to be insured;
  - d. A material inducement to the Insurer to provide insurance, and any policy issued by the Insurer is issued in specific reliance upon these representations.
4. This Application, along with each of the supplemental applications are hereby deemed to be attached to, and incorporated into, any policy contract that is issued, regardless of whether the Application or any of the supplemental applications are signed or dated; and

5. The Applicant agrees to promptly report to the Insurer, in writing, any material change in its operations, conditions, or answers provided in this Application, or any supplemental applications, that may occur or be discovered between the date of completion of such Application(s) and the inception date of any policy issued by the Insurer. Upon receipt of any such written notice, the Insurer has the right to modify or withdraw any proposal for insurance, including any bound coverage.

This Application must be signed and dated by a Principal, Partner, Managing Member or Senior Officer of the Applicant. Electronically reproduced signatures will be treated as original.

I understand this application is not a binder unless indicated as such on this form by the brokering agent.

**NOTICE TO NEW YORK APPLICANTS:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation

07 / 10 / 2024

\_\_\_\_\_  
Date (Month/Day/Year)



\_\_\_\_\_  
Applicant Signature

Jamey Heath

\_\_\_\_\_  
Print or Type Name

CEO

\_\_\_\_\_  
Title



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Title	Management Liability Package Renewal / Insurance
File name	D_O_Renewal_2024.pdf
Document ID	88dfae5eaa23cc6523f4b68238ab5fb496a9dd28
Audit trail date format	MM / DD / YYYY
Status	● Signed

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## Document History



SENT

**07 / 11 / 2024**  
00:58:59 UTC

Sent for signature to Jamey Heath  
(jameyprivate@wayfarerstudios.com) from  
imene@wayfarerstudios.com  
IP: 76.32.233.14



VIEWED

**07 / 11 / 2024**  
01:01:16 UTC

Viewed by Jamey Heath (jameyprivate@wayfarerstudios.com)  
IP: 76.95.35.44



SIGNED

**07 / 11 / 2024**  
01:01:43 UTC

Signed by Jamey Heath (jameyprivate@wayfarerstudios.com)  
IP: 76.95.35.44



COMPLETED

**07 / 11 / 2024**  
01:01:43 UTC

The document has been completed.